PTO/SB/30 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for **Continued Examination (RCE) Transmittal**

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/728,259
Filing Date	December 4, 2003
First Named Inventor	Keppel
Group Art Unit	3739
Examiner Name	Michael F. Peffley
Attorney Docket Number	2878 (203-3441)

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 3.

	endm	ents enclo	n required under 37 CFR 1.114 Note: If the RCE is proposed with the RCE will be entered in the order in which they we are any previously filed unentered amendment(s) entered, app	re filed unless applic	ant instructs otherwise. If applicant					
	a.	⊠	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
		i.	□ Consider the amendments/arguments in the Response	previously filed on O	ct. 2, 2006.					
		ii.	Other:		<u> </u>					
	b.		Enclosed:							
		i.	Amendment/Reply pages. ii.	,-)/Declaration(s).					
		iii.	Information Disclosure Statement (IDS).	Other	· · ·					
2.	Mis	scellaned	<u>ous</u>							
	a.		Suspension of Action on the above-identified application is re	quested under 37 Cl	FR 1.103(c) for a period of					
			months. (Period of suspension shall not exceed 3	months: Fee under	37 CFR 1.17(i) required)					
	b.		Notification of Extension of Time (for 1 month).							
	C.	\boxtimes	United States Surgical return postcard.							
	d.		Other:		·					
3.	Fee		The RCE fee under 37 CRF 1.17(e) is required by 37 CFR 1.114 whe							
	a.	×	The Director is herby authorized to charge the following fees	• •	•					
		i.	Deposit Account No. <u>21-0550</u> . I have enclosed a duplica	te copy of this snee	₹ 1.					
		i. Ö.	RCE fee required under 37 CFR 1.17(e).							
		iii.	Extension of Time fee (37 CFR 1.136 and 1.17). Other:							
	b.		Check(s) in the amount(s) of \$	enclosed						
	C.		Payment by credit card (Form PTO-2038 enclosed)	criciosea	•					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
			SIGNATURE OF APPLICANT, ATTORN	EY, OR AGENT R	REQUIRED					
Sig	natur	e	The	Date	October 31, 2006					
Name (Print/Type) Thomas A. Beaton Registration No. (Attorney/Agent) 46,543										
			CEPTICICATE OF MAILING O	D TO ANCHICCIO						
CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Va 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.										
Sig	natur	е	many meland	Date	October 31, 2006					
Name (Print/Type) Mary Jo Milacek										
			ark Office (PTO/SB/30 (09-04) TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, V.	22313-1450.						

11/06/2006 DEMMANU1 00000108 210550 10728259

PTO/SB/30 (09-04)
Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE CALCULATION SHEET											
CLAIMS AS AMENDED											
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA	RATE	ADDITIONAL FEE					
Basic Rate						\$790.00					
Total Claims	21	-	21		x \$18 =	.00					
Independent Claims	4	-	4		x \$88 =	.00					
Total Fees		,									
Less 50% for Small Entity											
	\$790.00										